

EXHIBIT A

FORM NLRB-502 (RC)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-272753

Date Filed

2/16/2021

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer

Greenleaf CCC, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)1637 W Main Rd
RI Portsmouth 02871**3a. Employer Representative – Name and Title**

Petra Napolitano

3b. Address (If same as 2b – state same)1637 W Main Rd
RI Portsmouth 02871**3c. Tel. No.**

(401) 293-5987

3d. Cell No.**3e. Fax No.**

(401) 293-5968

3f. E-Mail Address

pnapolitano@greenleafcare.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Others

4b. Principal product or service

Medical Cannabis

5a. City and State where unit is located:

Portsmouth, RI

5b. Description of Unit Involved**Included:****Excluded:****6a. No. of Employees in Unit:**

40

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [☒] No [☐]

Check One:

7a. Request for recognition as Bargaining Representative was made on (Date) 02/16/2021 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**8b. Address****8c. Tel No.****8d. Cell No.****8e. Fax No.****8f. E-Mail Address****8g. Affiliation, if any****8h. Date of Recognition or Certification****8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name**10b. Address****10c. Tel. No.****10d. Cell No.****10e. Fax No.****10f. E-Mail Address**

11. **Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
3/9/2021

11c. Election Time(s):
Mail

11d. Election Location(s):
Mail

12a. Full Name of Petitioner (including local name and number)Samuel T. Marvin
United Food and Commercial Workers Union Local 328**12b. Address (street and number, city, state, and ZIP code)**278 Silver Spring St
RI Providence 02904**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

United Food and Commercial Workers Union

12d. Tel No.

(401) 640-0206

12e. Cell No.

(401) 640-0206

12f. Fax No.

(401) 331-7965

12g. E-Mail Address

sam@ufcw328.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**13a. Name and Title**Marc Gursky Attorney
Gursky/Wiens Attorneys at Law, Ltd.**13b. Address (street and number, city, state, and ZIP code)**1130 Ten Rod Rd Bldg. C, Suite 207
RI North Kingstown 02852**13c. Tel No.**

(401) 294-4700

13d. Cell No.

(401) 580-3402

13e. Fax No.

(401) 294-4702

13f. E-Mail Address

mgursky@rllaborlaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Samuel T Marvin

Signature**Title**

Director of Organizing

Date

2/16/2021 12:18:55

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
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Employees Included

All full-time and regular part-time employees at the Portsmouth location including budtenders, keyholders, online orderers and delivery associates

Employees Excluded

Security, guards, retail manager, assistant retail manager, head of delivery, the executive assistant to the CEO and supervisors, managers and all others excluded by the Act